

AFFIDAVIT OF DISABILITY

I, _____, being first duly sworn, on oath,
state:

I am presently disabled and unable to provide professional services as covered by the Kansas Health Care Provider Insurance Availability Act. I have not provided any professional services since _____. I understand and agree that as of this date I will not provide any professional services in Kansas or elsewhere and will notify the Board of Governors of the Health Care Stabilization Fund should my status change, and should I provide professional services.

Signature

SUBSCRIBED AND SWORN TO before me this ____ day of _____, 20_____.

Notary Public

My Appointment expires: